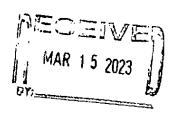
## NU8225

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

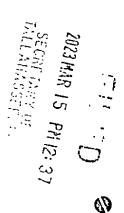


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Office Use Only



## · COVER LETTER

TO: Amendment Section Division of Corporations

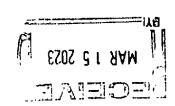
SUBJECT: UNITY SCHOOL ENDOWMENT FUNI Name of Corporation	D, INC.
DOCUMENT NUMBER: N08729	
The enclosed Statement of Change of Registered C	Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this m	natter to the following:
Marie Hauer	
Name of Contact Person	
C T Corporation System	
Firm/Company	<del></del>
28 Liberty St.	
Address	
New York, NY 10005	
City/State and Zip Code	<del></del>
E-mail address: (to be used for future annual re	eport notification)
For further information concerning this matter, ple	ase call:
Marie Hauer Name of Contact Person	at (212 ) 894-8940 Area Code & Daytime Telephone Number
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the D	epartment of State.

Mailing Address:
Amendment Section

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

CR2E045 (04/13)



## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	nge is submitted for a corporat	2, 617.0502. 607.1508, or 617.1508, Florida Stati tion organized under the laws of the State of Flori e or registered agent, or both, in the State of Flori	da
		OL ENDOWMENT FUND, INC.	<del></del>
		treet, Delray Beach, FL 33444	
3. The mailing a	ddress (if different):		
4. Date of incorp	poration/qualification: 04/16/1	985 Document number: N08729	
5. The name and		egistered agent and registered office on file with the	ne
	CORPDIRECT AGENTS, INC		
	1200 South Pine Island Road		
	Plantation, FL 33324		
6. The name and (if changed):	street address of the new regis	stered agent (if changed) and /or registered office	2023 H SECR TALLA
			易見
	1200 South Pine Island Road	P.O. Box NOT acceptable	्रिट्र क
	Plantation. Florida 33324	r.O. not inot acceptable	PMI
The street addre	ss of its registered office and be identical.	the street address of the business office of its re-	gistered agent,
Such change wa authorized by th	s authorized by resolution dul to board, or the corporation ha	ly adopted by its board of directors or by an offi is been notified in writing of the change.	cer so
		Printed or typed name and title	CEO
I hereby accept I further agree to of my duties, an document is bei corporation has	ng filed merely to reflect a chi been notified in writing of thi	l agent and agree to act in this capacity. of all statutes relative to the proper and comple, pt the obligation of my position as registered ag ange in the registered office address. I hereby c	te performance ent. Or, if this onfirm that the
C T Corporation	System	03/14/23	
Sign	nature of Registered Agent	Date	<del></del>
	half of an entity:  WEL ASST, SECY.	<del></del>	

\* \* \* FILING FEE: \$35.00 \* \* \*

Ву: